



Excess Salt – The Killer & Homoeopathy

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Abstract: It is an irony that Salt is an integral part of homoeopathic therapeutics as the contribution of salt is huge in the preparation of homoeopathic medicines. Numbers of medicines are prepared from the salt in homoeopathy as per the Homoeopathic Pharmacopoeias of various nations. 'Natrium Mur' is a leading drug in Homoeopathy & that is Sodium Chloride. On the other hand, there are also a numbers of medicines to treat conditions arising from excessive intake of salt.

The current article discusses the intake of excess salt & its consequences in the human body. Thereafter, it delves in to the epidemiology of the consequences of consuming extra salt, its clinical repercussions and management of these issues & finally the application of homoeopathy to deal with this issue. It concludes with the cost effectiveness & therapeutic effectiveness of the homoeopathic system of medicine & suggests its involvement on a large scale in the nation.

It only reinforces the age old concept of managing these chronic conditions through diet, regimen, exercise & homoeopathy. The suggestion of large scale use of homoeopathy is based on the premise of the modalities of essential medicines. The National List of Essential Medicines (NLEM) envisages that a medicine can be called essential only if it is cost effective, clinically effective & has no side effects. Homoeopathy fits into this triad fully.

The article also suggests a treatment protocol based on the typical clinical features of excessive salt consumption & aspires that the public benefits from the protocol at large.

Index Terms - Hypertension, Stroke, Homoeopathy, Miasms, TIA.

INTRODUCTION

As per the World Health Organization (WHO), 5 grams or about one teaspoon of salt daily is what recommended for intake by an individual. Indians consume double of the recommended intake daily. To add to that, individuals having hypertension or high blood pressure should be taking only 3.5 grams of salt daily. The daily intake of salt should be less than 2000 milligrams.¹

This habit has led to hypertension in the 20s & 30s group. Unfortunately largely this group is unaware of their hypertensive status. Such unawareness manifests in sudden heart attacks as well as strokes. In such early ages factors like long working hours, high stress levels, physical inactivity, excessive screen time & chronic sleep deprivation are the causes of these episodes. The Indian diet especially the ACPN (Achar (Pickles), Chutney (Fresh preparations like sauce at home), Papads (made of dough of cereals) & Namkeens (salty snacks), packaged snacks, bakery foods, instant meals & restaurant foods are high in salt. Simultaneously, the intake of potassium rich foods like fruits, vegetables are low in the diet. Many young people have underlying conditions like pre-diabetes, abnormal cholesterol levels & fatty liver.^{1,2}

WHO estimates that India has over 200 million adults living with hypertension & half of them are unaware of their condition. Further among those diagnosed only about one in five has their blood pressure adequately controlled thus reflecting poor screening & treatment. The HEARTS technical package & global hypertension guidelines strongly emphasize early detection, lifestyle modification, salt reduction & regular monitoring of blood pressure. These are the critical steps for the young age group that are prone to hypertension & strokes.¹

Excess salt consumption builds up sodium in the blood stream & to dilute the sodium the body pulls in water & this process increases the blood volume. More blood volume means extra pressure on the arterial vessels leading to increase in blood pressure. High salt intake makes blood vessels stiffer thereby affecting the internal lining of the arteries or the endothelium. The process also reduces the formation of nitric oxide that helps to widen the blood vessels. The narrowing of the arteries increases the resistance to blood flow. Meanwhile the kidneys which regulate the sodium & fluid balance have to work hard as a result of this process.²

Most of the Indians are salt sensitive & their kidneys are less efficient at excreting excess sodium that worsens the hypertension. Individuals under stress tend to eat more salty or processed food along with alcoholic drinks. They also tend to smoke & skip exercise thus increasing their blood pressure further. Reducing salt intake lowers blood pressure within a month & thereby cuts the risk of heart attacks & strokes. Therefore this salt reduction is the most cost effective & sustainable strategy to control hypertension & strokes in our nation.²

Homemade food is better than outside food but the salt may be high in homemade as well because of our habit of consuming many hidden salt sources like pickles, papads, chutneys, readymade spices (masalas) & sauces. Consumption of these high salt foods since childhood makes an elevated blood pressure normal. This process is called 'taste conditioning'. This entire process keeps the blood pressure elevated & on top of that excess salt intake helps blood pressure to rise quickly & it stays high for a long time.²

Different types of salt like rock salt, Himalayan pink salt, black salt all contain sodium chloride & raise blood pressure. Trace minerals in these salts are too less to offer benefit. Besides, all these salts are not iodized also. The bottom line is about the amount of salt consumption & the color of the salt is not important. Sticking to salt reduction & incorporating life style changes does help in the reduction of hypertension.¹

Consistency is the key while approaching hypertension. Not adhering to diet, physical activity & regular medication does not help to deal with high blood pressure effectively. Persistent stress & high salt intake makes the blood pressure rise again silently.^{1,2}

Clinical Features of conditions due to excessive salt intake

Hypertension is called a silent killer as the rising blood pressure inside the arteries does not trigger the pain signals of the body. In the beginning the compensatory mechanism of the body starts & the heart & the vessels compensate. In this process, the arterial walls stretch, the heart muscles thicken so that it can pump effectively in spite of the high blood pressure. Here, the inner lining of blood vessels or the endothelium becomes less responsive. These changes occur in the body in a very slow pace. This is why most hypertensive individuals do not have warning symptoms like headache, dizziness & chest discomfort until pathological process is initiated in the body.²

Diagnosis of these conditions

Adults with normal blood pressure readings should check their blood pressure once in two years. Individuals over 40 years of age who have a family history of hypertension, who are obese, who lead sedentary life style, who take excess salt, who have Non Communicable Diseases (NCD) like diabetes should check their blood pressure once a year. Transient Ischemic Attack (TIA) is a condition associated with high blood pressure & is an early sign of stroke. Early detection allows the individual to adopt life style changes timely.^{1,2}

Management of these conditions

The concept of Satwik, Rajasik & Tamasik diets should be a part of the management of hypertension & stroke as well. To reduce inertia, one should reduce intake of Tamasik diet, moderate the intake of Rajasik diet and regularize the use of Satwik diet to avoid bad effects of salt abuse related issues.³

Homoeopathic treatment protocol

At the outset, the concept of 'miasm' is to be applied for therapeutics approach in homoeopathy. Here, if the symptoms aggravate in the morning & evening, anti 'Psorics' are to be prescribed. Similarly, in case the symptoms aggravate during forenoon, noon & afternoon, than anti 'Sycotics' are to be prescribed. Lastly, if the symptoms tend to aggravate during night, anti 'Syphilitics' are to be prescribed.⁴

The lead author has used the Phatak's repertory book to design the homoeopathic treatment protocol.

The drugs given under the rubric 'Salt Aggravation' are 'Alumina', 'Arsenic', 'Carbo Veg', 'Drosera', 'Mag Mur', 'Natrum Mur', 'Phosphorus' & 'Selenium'.⁵

Homoeopathy has drugs to reduce the cravings for salty things. The drugs are 'Aloes', 'Arg Nit', 'Calc Phos', 'Carb Veg', 'Causticum', 'Conium', 'Lac Can', 'Medorrhinum', 'Merc Iod Rub', 'Nat Mur', 'Nit Acid', 'Phosphorus', 'Thuja' & 'Veratrum Album'.⁵

The drugs given under the rubric Blood Pressure High are 'Aurum Met', 'Baryta Carb', 'Baryta Mur', 'Coffea', 'Conium', 'Crataegus', 'Glonoine', 'Iodum', 'Lycopus', 'Scoparium', 'Stropanthus', 'Sumbul', 'Tabacum', 'Uranium Nit', 'Veratrum Viride', 'Viscum Album'.⁵

Under the rubric 'High Blood Pressure & Low Diastolic', the drug is "Baryta Mur".⁵

Under the rubric 'Sudden Rise of Blood Pressure', the drug is 'Coffea'.⁵

For stroke, the rubric given under 'Paralysis' is 'Apoplexy, After'. The drugs are 'Arnica', 'Belladonna', 'Cocculus', 'Lachesis', 'Nux Vomica', 'Phosphorus', 'Stannum Met', 'Zincum Met'.⁵

In Murphy's & Boericke's Materia Medica, the specific drug mentioned for salt abuse is 'Nitri Spiritus Dulcis'.^{6,7}

In Murphy's Materia Medica, the main drugs given under the rubric 'Stroke' in the medical repertory guide are 'Aconite', 'Anacardium', 'Arnica', 'Baryta Carb', 'Belladonna', 'Bryonia', 'Causticum', 'Cocculus', 'Gelsemium', 'Glonoine', 'Hydrocyanic Acid', 'Ipecac', 'Lachesis', 'Nux Vomica', 'Opium' & 'Plumbum'.⁶

One of the risk factor is old age. The drugs to be used in geriatrics are 'Baryta Carb' & 'China'.^{5,6}

Cases of having black out need 'Cardus Benedictus'.⁶

For Generalized Anxiety, there are 'N' numbers of medicines starting from A to Z. However, the specific drug 'Cortisone' can be prescribed here.^{5,6}

Like old age, overweight or obesity is another potential risk. Here the drug 'Ammonium Bromatum' can be prescribed.^{6,7}

Based on the blood picture in which D-Dimer is high, inflammation reducers like 'Curcumin' & 'Prednisone' can be prescribed in potencies.⁶

The integration of Homoeopathy will help achieve the concept of Universal Health Coverage (UHC) as the modern medicine is not at all cost effective to catalyze the UHC at the national level. It is here that the AYUSH will come in handy & homoeopathy is one the component of AYUSH here. The same idea has been mooted by authors in an article published in the Lancet journal.⁸

Conclusion

As all drugs in homoeopathy have a group of physical & mental symptoms, Homoeopathy is and will be effective against salt abuse related disorders in general. The current article adds another feather in the Homoeopathic cap as it can deal with the probable upcoming of large number of cases of salt abuse related disorders in view of high stress levels due to the consequences of the modern life. As per the Lancet, 10 to 15% of the population use homoeopathy in India that means 15 crore or 150 million people use homoeopathy in India currently. However, it should be also seen that along with constitutional/deep acting/polychrest Homoeopathic medicines, specific medicines are also required to deal with the cases. Simultaneously, nutrition, counseling and all psychic health modalities like life style modification, diet and stress reduction are adhered in each case.^{9,10,11}

In fact, the detailed case taking of a case & empathetic hearing are the elements of supportive therapy as salt abuse related cases are chronic and resistant behaviors. The Homoeopathic approach of case-taking/anamnesis exactly fits into the criteria of supportive therapy. Hence, as a part of treatment, the supportive therapy is inherent in the Homoeopathic system of treatment.^{9,10,11}

The Homoeopathic fraternity should be ready to cover the masses as there is no other therapeutic system that can cover the masses effectively while being economical, no side effects and to add to it, it is cost effective. Simultaneously, it has a wide range of medicines for salt abuse related disorders as seen in the contents of the sections mentioned above.^{9,10,11}

Declaration of the lead author

The lead author declares that the treatment approach or the medicinal protocol given is only suggestive in nature.

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Conflict of interest

Nil

References

1. WHO, Salt Reduction, May 2026, <https://www.who.int>
2. Davidson, Principles & Practice of Medicine, ELBS 16th Edition, Longman Group (FE) Limited, ISBN- 0-443-04482-1. & 24th Edition, 2023, Elsevier Limited Publishers, International ISBN: 978-0-7020-8348-8.
3. Three types of food, healthline, www.healthline.com
4. Sarkar B K, Organon of Medicine by Hahnemann, M. Bhattacharya & Co. 1st edition 1955, 8th edition, 1984.
5. Phatak SR, A Concise Repertory of Homoeopathic Medicines, B. Jain publishers (P) Ltd, 2002, Reprint edition, ISBN-81-7021-757-1.
6. Murphy R, Lotus Materia Medica, 3rd edition, B. Jain publishers (P) Ltd, 2017, ISBN-978-81-319-0859-4.

7. Boericke William, New Manual of Homoeopathic Materia Medica with Repertory, reprint edition, 2008, B. Jain publishers private limited, New Delhi, pages- 362-366, ISBN- 978-81-319-0184-7.
8. Chaturvedi S et.al, India & its pluralistic health system- a new philosophy for universal health coverage, The Lancet Regional Health, South East Asia 2023:10:100136, December 2022.
9. Popularity of Homoeopathy in India, bjainpharma.com/blog/popularity-of-homoeopathy-in-india, 2023.
10. GOI, MOHFW, NLEM, 2022, <https://main.mohfw.gov.in>
11. GOI, Ministry of AYUSH, Homoeopathy, 2014.

